

APPLICATION FOR DISCOUNT MEDICAL PROGRAM ORGANIZATION REGISTRATION

INDIANA DEPARTMENT OF INSURANCE

State Form:IDOI-DMPO-L/6-06

| | |
|--------------------------|--------------------------|
| Check if New Application | <input type="checkbox"/> |
| Check if Renewal | <input type="checkbox"/> |

For Dept. use only:

Date Fee processed _____

Date Registration processed _____

INSTRUCTIONS:

1. Discount Medical Program Organizations are required to provide documentation that they meet the statutory and regulatory requirements necessary to be registered as a DMPO. If there has been no change in the documentation submitted for your last renewal application, submit this completed application and the renewal fee. If there has been ANY change to the documentation submitted with your last renewal application or new application, submit the revised documentation with this completed application, the completed application checklist and renewal fee.
2. Please notify the Department of Insurance of any material change of any information set forth in this application within thirty (30) days of the change. A change in ownership requires a new application, application checklist, application fee and supporting documentation which should be submitted with the notice of material change.
3. Please TYPE responses to the questions below.

| | | | |
|--|--|------------------------------------|------------|
| Name of Discount Medical Program Organization | | D/B/A name | |
| Address (If P.O. Box address, please list street address as well) | | | |
| FIN/EIN: | | | |
| City | State | Zip Code – Nine Digits | |
| Telephone Number | Toll-free Number (toll-free number required) | | Fax Number |
| Name of contact person | | Telephone number of contact person | |
| E-mail for contact person | | Company Website | |
| This company, through its duly authorized officer, hereby applies for the registration authorizing it to operate as a discount medical program organization in the State of Indiana, and do hereby swear that all responses, information, exhibits and documentary evidence submitted in support of this application are true and correct. | | | |
| <i>I certify that <input type="checkbox"/> there have been no changes to any application information and documentation submitted during the last year; or I certify that <input type="checkbox"/> there have been changes to the previously submitted application information and documentation and have attached the revised documentation.</i> | | | |
| Certified by: | | | |
| Signature of applicant: | Date | Printed Name of Signature | Title |